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Missouri Head Injury Advisory Council

# ANNUAL REPORT FY86

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Office of Administration

Missouri Head Injury Advisory Council

# ANNUAL REPORT FY86



**John Ashcroft, Governor  
State of Missouri**

**John A. Pelzer, Commissioner  
Missouri Office of Administration**

**Stan Perovich, Director  
Division of General Services**

**Susan L. Vaughn, Director  
Missouri Head Injury Advisory Council**

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Division of General Services  
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GOVERNOR

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STATE OF MISSOURI

JOHN A. PELZER  
COMMISSIONER

STAN PEROVICH  
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DIVISION OF GENERAL SERVICES

OFFICE OF ADMINISTRATION

# Missouri Head Injury Advisory Council

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JEFFERSON CITY, MISSOURI 65102  
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November 14, 1986

John A. Pelzer, Commissioner  
Office of Administration  
Post Office Box 809  
Jefferson City, Missouri 65102

Dear Mr. Pelzer:

Attached hereto is the Annual Report covering activities conducted by the Missouri Head Injury Advisory Council from July 1, 1985 through June 30, 1986. This report was prepared in keeping with the Executive Order.

I believe that the council and staff have done a remarkable job this first year and are not only providing leadership for the state in the planning for rehabilitation services for Missourians who suffer from head injuries, but also are providing leadership for the entire country with regard to a state service delivery system for victims of head injury.

Our major accomplishment is the initiation of legislation, which passed, requiring hospitals to report head and spinal cord injuries to the Department of Health. The department, in turn, is to report at least annually the data collected relating to head injuries to the Missouri Head Injury Advisory Council. This database will provide the necessary information to effectively plan for a service delivery system to meet the unique needs of survivors of head injury and their families as well as to enhance prevention strategies.

Another area which I believe the council has proved to be invaluable is the support and assistance provided to three state programs: The newly created head injury unit at the Missouri Rehabilitation Center, Mt. Vernon, operated by the Department of Health; rehabilitation transitional living

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programs (contractual services) administered by the Department of Health and a head injury unit at St. Louis State Hospital operated by the Department of Mental Health. Although these programs collectively do not serve a large number of people, they are an attempt to provide appropriate services to persons who would otherwise be unable to obtain such services. And, the programs provide us the opportunity to learn how services should be delivered--what works and what does not work.

I am pleased to say that this first year has been very productive. I thank you personally for your cooperation and for the cooperation shown by Stan Perovich, Director of the Division of General Services.

Sincerely,



Senator Edwin L. Dirck  
Chairman.

ELD/lml

## Preface

Referred to as the "silent epidemic," head injury is the leading cause of death and disability killing more than 140,000 Americans each year and severely disabling another 50,000 to 70,000 persons intellectually, physically and psychologically. Two-thirds of the victims are males between the ages of 15 to 25. Fifty percent of all head injuries are caused by motor vehicle accidents. Falls, diving accidents, industrial accidents, assaults, weapons and recreational accidents cause the remaining 50 percent.

In Missouri, this translates to 10,000 persons who will annually suffer from a head injury. Of that number...

- ... 1,000 will be severely permanently disabled--physically, intellectually, emotionally: The average age is 19.
- ... 4,000 will be moderately disabled. With appropriate rehabilitation they may be able to return to a productive lifestyle--but never to the extent they were before.
- ... 5,000 will be mildly injured. They will more than likely survive with most, if not all, of their original function of limbs and minds.
- ... 700 will die.

Less than a decade ago, 90 percent of victims of head injury died. That number has been drastically reduced due to improved emergency and medical services. The number will continue to increase as emergency medical services and hospital care, including trauma centers, continue to improve and become more readily available. The increased number of survivors has placed greater demands on rehabilitation services, residential programs and community support.

## **Introduction**

During the 1984 legislative session, Senate Concurrent Resolution Number 12 sponsored by Senator Edwin L. Dirck passed calling for a joint interim committee to be established to study and make recommendations with regard to programs for persons with head injuries and their families. A Joint Interim Committee on Head Injury was formed which consisted of five Senators appointed by the President Pro Tempore of the Senate; five Representatives appointed by the Speaker of the House; representatives from the Departments of Elementary and Secondary Education, Mental Health and Social Services; and a member of the Missouri Protection and Advocacy Council. The committee held five statewide hearings with assistance from the Missouri Association of the National Head Injury Foundation. Following the hearings the committee issued a report, which included the recommendation that an advisory council be formed to continue studying the needs of survivors of head injury.

On March 5, 1985, Governor John Ashcroft created under Executive Order 85-6 the Missouri Head Injury Advisory Council. The council was assigned to the Division of General Services, Office of Administration. Under an emergency appropriation, funds were made available to the Division of General Services for staff and other necessary expenses for council operations. A director was hired in June and council members were appointed July 31, 1985.

As called for by the Executive Order, two Senators were appointed to the council by the President Pro Tempore and two Representatives were appointed by the Speaker of the House of Representatives. Twenty-one members were appointed by the Governor representing persons with head injury, relatives of persons with head injury, proprietary schools, professional groups, health institutions, private industry and state agencies which administer programs regarding health, mental health, special education, vocational rehabilitation, public safety, vocational education, insurance and medicaid. A total of 25 members compose the council.

The Executive Order called for the council to study and recommend action by private and public entities on the following items and on others it may select:

1. Methods for identifying the extent of head injury in Missouri.
2. A statutory definition of "head injury."

3. Appropriate entry points for head injured persons seeking services from state agencies.
4. Rehabilitative placement opportunities which can be provided with public or private resources.
5. Methods for establishing and funding transitional living centers for the head injured.
6. Methods for advancing the practice and availability of cognitive retraining therapies.
7. Improved coverage by all third party payers for treatment and rehabilitation in institutional, in home and in other settings.
8. Protection of the personal and civil rights of head injured persons.
9. Head injury preventive education.
10. Opportunities for obtaining federal funds through the National Institute of Health Research (NHIR).

The Executive Order instructed the council to report to the Commissioner of Administration on its activities, results of its studies and any recommendations.

In keeping with the Executive Order this report has been prepared for the period covering July 1, 1985 through June 30, 1986.

## Fiscal Year 1986 Activities

### Organizational

The Missouri Head Injury Advisory Council held its first meeting September 11 and 12, 1985, in Jefferson City. The meeting was both an orientation and organizational meeting. At that meeting the following organizational activities took place:

- Reviewed and revised proposed bylaws
- Elected officers
- Established committees
- Set future meeting dates.

Senator Edwin L. Dirck was elected to serve as chairman and David B. Collins to serve as vice chairman. Senator Dirck appointed the following committees:

#### Prevention Committee

Purpose: To plan and to make recommendations for establishing, coordinating and expanding activities or legislation affecting the prevention of head injuries.

#### Legislative Committee

Purpose: To monitor state and federal legislation affecting survivors of head injury and to develop legislation recommended by the council.

#### Education and Rehabilitation Committee

Purpose: (1) To define head injury for statutory purposes; (2) To plan and to make recommendations for establishing and coordinating rehabilitation services in either a residential or inpatient setting or outpatient setting following discharge from the acute hospital; (3) To determine the role of education, mental health, vocational rehabilitation and health (state agencies) in the service delivery system; and (4) To recommend methods for financing programs (insurance, medicaid, county tax levy , etc.).

#### Transitional Living

Purpose: To plan for housing, employment, supported

employment, transportation, and socialization for victims of head injury following rehabilitation.

The members voted to hold council meetings the fourth Monday bi-monthly starting in September with no meetings scheduled during the summer months.

The bylaws were adopted in December. (A meeting was held in December as the November meeting was officially canceled due to bad weather.) In keeping with the bylaws an Executive Committee was appointed at the December meeting. The purpose of the committee is to act on behalf of the council in emergency situations.

## **Planning for Education, Rehabilitation and Community Re-Integration Services**

To assist with future funding of programs and with the planning of a service delivery system whereby services and programs would be delivered by state and private agencies the Missouri Head Injury Advisory Council conducted the following activities:

- Reviewed and made recommendations concerning budget requests for head injury programs initiated by the Missouri Department of Health, Department of Mental Health and Office of Administration.
- Defined "head injury."
- Conducted a survey of survivors of head injury served by mental health (both psychiatric and facilities/agencies serving the developmentally disabled), nursing, and home health agencies and facilities.
- Supported legislation, which did not pass, establishing for a high risk insurance pool to enable high risk persons to obtain health insurance.
- Initiated legislation, which passed, mandating hospitals to report head (and spinal cord) injuries to the Department of Health for statistical purposes. The department, in turn,

is to provide data at least annually to the director of Missouri Head Injury Advisory Council, which was also established under the legislation.

- Issued the report **Proposed Service Delivery System for Rehabilitation of Missourians with Head Injury: Service and Program Definitions**. The report was sent to over 200 organizations and agencies for review and comment.

One of the first functions performed by the Missouri Head Injury Advisory Council related to the FY 1986 appropriation to the Missouri Department of Health for head injury programs. The department requested the Missouri Office of Administration, Division of Purchasing, to develop and solicit Request for Proposals (RFPs) for head injury programs.

The council was asked to assist with the pre-bid conference and the development of the RFPs. Two members and the director of the council served on the five member review panel to evaluate proposals submitted and make recommendations for funding.

The selection of programs to serve persons with head injury raised some important issues. As rehabilitation programs for survivors of head injury are relatively new, there is not a clear sense as to what is the most cost effective, yet, successful method of providing services. One of the objectives of the council was for at least part of the funds to be awarded to programs that provided an "innovative" approach which might prove to be cost effective. This objective was in response to not only the limited funding provided by the state, but also to the reputation of head injury programs for being expensive, costing anywhere from \$10,000 a month and upward per client for rehabilitation (residential).

Contracts were awarded to seven programs providing services such as rehabilitation (both day and residential), pre-vocational training, supervision in independent living settings and summer camping.

During the RFP process, it was noted that there was a lack of common terminology for programs and services. The term "transitional living" was applied to four different program settings by professionals during the pre-bid conference, for example. Also lacking, was a system or method for prioritizing services. It was generally believed by many during the process that people were being asked to

compare "apples and oranges." This process prompted the council to develop service and program definitions.

The program descriptors contained in the report, *Proposed Service Delivery System for Rehabilitation of Missourians with Head Injury: Service and Program Definitions*, are a first attempt to provide common terminology so as to facilitate program development. Certain programs such as behavior management will need further defining. It is anticipated that programs will continue to be clarified and defined as the council and the field in general become more knowledgeable in the delivery of services.

Meanwhile, this first report attempts to clarify three types of rehabilitation programs in terms of staffing, program setting and treatment/rehabilitation considerations. The report also addresses community support services which may be needed following rehabilitation such as sheltered or supported employment, counseling, respite care, residential programs, transportation and socialization.

Another issue the council addressed was a definition for head injury. The definition was necessary in order to conduct the survey of nursing homes, mental health facilities and home health agencies and was necessary for the hospital reporting legislation.

The definition is as follows:

A sudden insult or damage to the brain or its coverings, not of a degenerative nature. Such insult or damage may produce an altered state of consciousness and may result in a decrease of one or more of the following: mental, cognitive, behavioral or physical functioning resulting in partial or total disability. Cerebral vascular accidents, aneurisms and congenital deficits are specifically excluded from this definition.

In order to obtain clarification as to whether money collected from a county mill tax for the developmentally disabled or persons with other handicaps (referred to as "Senate Bill 40") could be used for programs providing services to survivors of head injury, Senator Edwin L. Dirck submitted a request for an Attorney General's opinion. Some county boards expressed concern as to whether a person with a head injury would be considered eligible unless the person could meet the eligibility criteria of the Department of Mental Health, Division of Mental Retardation and

Developmental Disabilities. That is, the person would be eligible if the injury occurred prior to the age of eighteen and the functional level would be similar to other persons with developmental disabilities.

Senator Dirck asked if survivors of head injury would be eligible based on the definition of "handicap" which is the same definition used for eligibility for sheltered employment and does not require the injury to occur before the age of eighteen. Although county boards are autonomous and determine how the county funds should be spent, the opinion was requested in the event a county would want to provide funds to a program such as a day program, residential, transportation or social for survivors of head injury in need of those services.

To assist the council with the planning duties the director prepared a Reference Guide containing information regarding various state agencies, state legislation affecting handicapped persons, federal legislation affecting handicapped persons, bibliographies, definitions, acronyms and head injury.

During each of the five council meetings, guests and council members were invited to discuss certain programs. Topics included the following:

- National Head Injury Foundation (NHIF) and the Missouri Association of the NHIF
- Department of Elementary and Secondary Education, Division of Vocational Rehabilitation
- Department of Elementary and Secondary Education, Division of Special Education
- Division of Special Education, Extended Employment Sheltered Workshop Program
- Department of Social Services, Division of Medical Services (Medicaid Program)
- Department of Mental Health; Division of Mental Retardation and Developmental Disabilities, and the federal Developmental Disabilities Act
- Missouri Head and Spinal Cord Injury Prevention Program conducted by the University of Missouri-Columbia
- Trauma/Injury Surveillance System developed by the University of Missouri-Kansas City and Argus Computing, Incorporation, Kansas City

- Trauma Centers and Emergency Medical Services
- Department of Mental Health

## Prevention

The first council activity relating to the prevention of head injuries was to co-sponsor with the University of Missouri-Columbia a conference entitled "Head and Spine Injuries and the Epidemic of Trauma in Missouri" October 10, 1985. The conference provided a forum to discuss current prevention activities being conducted and how to coordinate those efforts.

The council was supportive of the Missouri Head and Spinal Cord Injury Prevention Program as a means for educating junior and senior high school students. The program conducted by the University of Missouri-Columbia meets with junior and senior high school students to encourage them to use good judgment while engaging in driving and sporting activities.

The staff of the Missouri Head and Spinal Cord Injury Prevention Program met with the council to discuss how to obtain sound funding for the program and how to replicate the program statewide. The council wrote several support letters for federal funding for the University, which has submitted proposals.

The council also studied the state emergency medical services system and the method for designating trauma centers. The council directed the Prevention and Legislative Committees at its May meeting to develop legislation giving the Department of Health the authority to develop standards, to designate and to monitor trauma centers. (The proposed legislation is to be prepared for possible introduction during the 1987 legislative session.)

During the 1986 legislative session, the council testified and wrote letters regarding the following:

- Opposed the repeal of the motorcycle helmet law.
- Supported legislation prohibiting children from riding in the back of pickup trucks unless certain safety precautions were used.

- Supported legislation requiring school buses to be equipped with seat belts. The council recommended that shoulder harnesses should also be required.

- Opposed legislation to repeal seat belt law.

None of the legislation passed.

In June 1985, two council members and the director appeared before state safety council directors (instate and out of state) to explain head injury and how the safety councils could incorporate the prevention of head injuries into their prevention activities. That is, when discussing seat belts, for example, the number of head injuries and the consequences could be included in the awareness campaign along with the number of fatalities.

## Public Awareness and Education

The press, radio and television stations featured throughout the year the Missouri Head Injury Advisory Council as well as the impact of head injury on families, society and especially the survivor. Council members were interviewed at various times as was the director.

Other activities included the following:

- Council members explained head injury, prevention and rehabilitative services to members of the House Appropriations Committee on Mental Health and Health.
- Participated in Proclamation Signing at which the Governor designated October as Head Injury Awareness Month.
- Published newsletter, Quarterly.
- Two council members and the director visited with the Missouri Congressional delegation in Washington, D.C. to explain the unique problems encountered by survivors of head injury and their families.

- Sponsored conference "Head Injury: Meeting the Challenges" May 20-21 at the Lake of the Ozarks. Co-sponsors were: University of Missouri-Columbia, Department of Mental Health, Department of Elementary and Secondary Education and Department of Health.

## Information and Referral

Now that there is an identified state program concerning head injury, people contact the council requesting information regarding services, financial assistance and general information. Records were kept on those who requested assistance for a particular individual with a head injury. Between July 1, 1985 and June 30, 1986, twenty-two persons called requesting programs, financial assistance, support groups and/or reading material. Persons who called seeking help are categorized as follows:

Attorney - 1  
Guardian - 2  
Mental Health Coordinator - 1  
Family Member - 18

The director referred those requesting services to programs and assisted them with the process of obtaining the needed services. Most often the persons requiring assistance did not have the financial resources for services. In most instances the head injured person was severely disabled or presented such behavior problems that the family was no longer able to care for the person.

A number of other calls, which were not documented, were received. Callers were interested in the purpose of the council and services available in the state. Most often those calls were from legislators, who were requesting information for their constituents, and professionals who were needing services and programs for their patients or clients. Information and assistance were provided.

## **Looking Ahead: Activities for Fiscal Year 1987**

Further planning and defining will continue to be needed, especially in the program areas of behavior management, coma management, sheltered employment and supervised living. A method for prioritizing services for state funding may be needed.

A central theme, of course, will be funding alternatives. Members of the council support a catastrophic fund to pay for the immediate medical expenses incurred as the result of a catastrophic illness/accident. It is not unusual for parents to find that the medical expenses associated with a head injury rapidly exhausts the insurance policy. They are often faced with exorbitant medical bills with no means for payment as they do not qualify for state or federal assistance. The council will also be studying other possible funding sources to support rehabilitation following hospitalization and long term care or support. An avenue to be explored is the possibility of a Medicaid waiver as a means for providing community based services in lieu of institutionalization.

In addition to legislation to create a catastrophic fund, the council will encourage legislation to give the Department of Health legislative authority to establish standards for trauma centers (Levels I, II and III), to designate trauma centers and to monitor the centers. The council will also continue to study the proposals to mandate school buses to be equipped with seat belts and other preventative strategies.

## **Summary**

The newly appointed Missouri Head Injury Advisory Council moved quickly during its first year to pursue the tasks outlined by the Executive Order. The major accomplishment is the passage of House Bill 1243, sponsored by council member Representative Sheila Lumpe and co-sponsored by council member Representative Marvin E. Proffer.

House Bill 1243 requires hospitals to report head and spinal cord injuries to the Department of Health. Such reports shall include, but shall not be limited to, the following information: name, age, residence, date and cause

of injury, initial diagnosis and such other information as required by the department. The department in consultation with the council shall promulgate rules and regulations to carry out the program.

The department shall at least annually compile a report of the data accumulated relating to head injuries and submit the report to the director of the council. The Missouri Head Injury Advisory Council received statutory authority as the result of House Bill 1243.

The reporting system should provide invaluable data necessary to plan for comprehensive services--beginning at the scene of the accident and continuing through medical treatment, rehabilitation and community re-entry.

A second major accomplishment was the survey of the number of persons with head injury being served and services provided by the Department of Mental Health, nursing homes and home health care agencies. The results of the survey indicate that a significant number of persons with brain injury are receiving treatment in nursing homes, from mental health care services (both psychiatric and developmental disabilities), and from home health care services. Most of these persons receive maintenance services, but few receive specific treatments directed at brain injury induced deficits. Over half of the persons (56.5 percent) surveyed will still need services in five years. The younger persons were at the time of injury, the more likely they are to require long term care.

The survey did not address current functioning of persons receiving services. It is not clear if increased services would allow any of those treated to move to less intensive environments. Given the large number of young persons and the long term costs involved, future evaluation of this point is warranted.

A third accomplishment was the assistance provided to the Department of Health in the awarding of contracts to programs providing services to persons with head injury, as well as the support for the head injury unit operated by the Missouri Rehabilitation Center, Mt. Vernon. The head injury unit is the first state program specifically created for victims of head injury. The program received additional funding for Fiscal Year 1987 in order to expand its services.

The council also supported funding for staff for head injury unit at St. Louis State Hospital, a psychiatric facility operated by the Department of Mental Health. The hospital received an appropriation for two additional FTEs (Full Time Equivalents) to assist with the rehabilitation

and management of behavior of the head injured patients in that unit. The patients are all current residents of the facility of which several have resided at the facility for some time. St. Louis State Hospital is trying to develop a program more appropriate to the needs of that unit.

## About the Council Members

The Missouri Head Injury Advisory Council is comprised of twenty-five members. Two members are state representatives and are appointed by the Speaker of the House of Representatives for the remainder of their terms and two members are state senators appointed by the Senate President Pro Tempore for the remainder of their terms. The remaining twenty-one members are appointed by the Governor.

The members elect a chairman and vice chairman in accordance with the bylaws.

**Senator Edwin L. Dirck**, St. Ann, is chairman of the Missouri Head Injury Advisory Council. Senator Dirck has served as chairman of the Senate Appropriations Committee for seven consecutive years. During the summer of 1984, he chaired a Joint Interim Committee on Head Injury which held a series of statewide public hearings. Following the hearings, Senator Dirck introduced and passed the mandatory seat belt law. He is chairman of the Legislative Research Committee and a member of the Senate Insurance Committee, State Budget Control and Urban Affairs and Industrial Development.

**David B. Collins**, Springfield, serves as vice chairman of the Missouri Head Injury Advisory Council. He is employed as a Rehabilitation Counselor at Lester E. Cox Medical Centers. From December 1975 to December 1976 he was hospitalized as the result of an automobile accident. He is president of the Southwest Missouri Chapter of the Missouri Association of the National Head Injury Foundation, member of the Board of Directors, Southwest Center for Independent Living/Center for Disability Rights; and chairman of the Springfield Chapter of the Missouri Governor's Committee on Employment of the Handicapped.

**Paul R. Ahr, Ph.D., M.P.A.**, Jefferson City, is the director of the Department of Mental Health. He is chairman of the Missouri Children's Services Commission, previously serving as vice chairman of that commission. From 1984 through 1985 he was president of the National Association of State Mental Health Program Directors. Dr. Ahr resigned

from the department and the Missouri Head Injury Advisory Council at the end of the fiscal year.

**Mahlon R. Aldridge**, Jefferson City, is an attorney. His daughter suffered a head injury as the result of an automobile accident. He is a member of the Board of Directors of the Missouri Association of the National Head Injury Foundation.

**John F. Allan**, Ed.D., Jefferson City, is the Assistant Commissioner (head) of the Division of Special Education, Department of Elementary and Secondary Education. He is a member of the American Educational Research Association and has served as a consultant for the National Center for Educational Statistics.

**Michael H. Brooke**, M.D., St. Louis, is Medical Director of Irene Walter Johnson Institute of Rehabilitation, Washington University School of Medicine, and Professor of Neurology and Professor of Preventive Medicine, Washington University. He belongs to the American Neurological Association and American Academy of Neurology (Fellow). Dr. Brooke serves as the director of the Jerry Lewis Neuromuscular Research Center, Washington University School of Medicine and member of the Editorial Board for "Muscle & Nerve."

**Caroline A. Castillo**, Kansas City, is employed as a Psychiatric Technician at Independence Regional Health Center in Independence. She received a Bachelor of Arts in Education in 1985 and is pursuing a Master of Arts in counseling psychology. She received a closed head injury in 1980.

**Donald M. Claycomb**, Ph.D., Jefferson City, is the Executive Director of the State Council on Vocational Education.

**Ben H. Ernst**, St. Louis, is Director, Rankin Technical Institute. He is past president of the Missouri Association of Private Career Schools and past president of the American Technical Educational Association. He presently serves as Regional Representative of the American Technical Association; member of American Vocational Association and is Financial Secretary to the Board of Trustees of Rankin Technical Institute.

**Judith A. Ferguson**, Richmond, is the founder of the Missouri Association of the National Head Injury Foundation and has served on the Missouri State Board of Directors from its inception in 1981 until fall of 1985. She is vice president of State Association Affairs of the National Head Injury Foundation. Her son suffered a head injury in 1978.

**R. Dale Findlay**, Jefferson City, is the director of the Missouri Safety Council. He is past vice president of the Association of Safety Council Executives and is presently serving on the Governor's DWI Advisory Council.

**Robert G. Frank, Ph.D.**, Columbia, is Associate Professor, Department of Physical Medicine, School of Medicine, University Hospital and Clinics, University of Missouri. He is serving as interim chairman of the Department of Physical Medicine and Rehabilitation. Dr. Frank is a member of the Mid-Missouri Psychology Consortium Coordinating Committee.

**Donald L. Gann, Ed.D.**, Assistant Commissioner (head) of the Division of Vocational Rehabilitation, Department of Elementary and Secondary Education. He is a member of the National Rehabilitation Association and the Council of State Administrators of Vocational Rehabilitation.

**Charles H. Goforth**, Springfield, is President and Administrator of UpJohn Health Care Services serving sixteen counties in Southwest Missouri. He is a member of the Missouri Advisory Council for Home Health Care.

**Gerald J. Kampeter**, Jefferson City, is the parent of a daughter with a head injury. He has worked for the Missouri Highway and Transportation Commission for 35 years. He is active in Boy Scouts of America, Highway and Transportation Employees Association and Travelers Protective Association of America.

**Nancy Koenig**, Florissant, is the parent of a son who suffered a head injury. She has served as president of the St. Louis Bi-State Chapter of the National Head Injury Foundation and as vice president of Operations of the Missouri Association of the National Head Injury Foundation. She is a retired elementary school music teacher.

**Jane Y. Kruse**, Jefferson City, is the director of the Division of Medical Services, Department of Social Services. The division has responsibility for administration of the state Title XIX (Medicaid) program. She is an attorney and a member of the Missouri Bar, Missouri Health Coordinating Council and the Alzheimer's Disease Task Force.

**Representative Sheila Lumpe**, University City, served as a member of the Joint Interim Committee on Head Injury during the summer of 1984. During the 1986 legislative session, she sponsored legislation which created the head and spinal cord injury registry and established the Missouri Head

**Injury Advisory Council.** She is vice chairman of the House Committee on Critical Decisions and of the House Education, Elementary and Secondary Committee and a member of the House Appropriation Education and Transportation Committee.

**Donald E. McGowan**, Wentzville, is safety director , BOC Group-General Motors Corporation, Wentzville Assembly Center. He is chairman of the Board of Directors of the Safety Council of Greater St. Louis and is past president of the board. He also served as a member of the Board of Directors of the Missouri Safety Council from 1980 to 1984.

**Representative Marvin E. Proffer**, Jackson, co-chaired the Joint Interim Committee on Head Injury. He is chairman of the House Budget Committee and a member of the Ways and Means, Legislative Research and Miscellaneous Resolutions Committees. A member of the Missouri General Assembly for twenty-four years he has received numerous awards from organizations such as the Missouri Hospital Association, Missouri Health Care Association and Missouri Mental Health Commission. He co-sponsored the legislation establishing the head and spinal cord injury registry and the Missouri Head Injury Advisory Council.

**Thomas M. Sullivan**, Jefferson City, is deputy director of the Department of Economic Development. He previously served as the director of Missouri Senate Research and as the director of the Missouri Senate Appropriations Staff.

**Nathan B. Walker**, Jefferson City, is the director of the Division of Highway Safety, Department of Public Safety. He serves as Missouri's Governor's Representative to Highway Safety and is a member of the Governor's Council on DWI. He served two terms as state representative from 1980 to 1984. In 1982 he was elected as the Minority Whip of the House of Representatives.

**Senator Harry Wiggins**, Kansas City, served as a member of the Joint Interim Committee on Head Injury. He is chairman of the Senate Ways and Means Committee and vice chairman of the Public Health and Welfare Committee. He is also a member of the Senate Appropriations Committee. He handled the House Bill in the Senate which created the head and spinal cord injury registry. (He was the sponsor of the Senate version.)

**Lorna M. Wilson, R.N., C., MSPH**, Jefferson City, is the director of the Division of Local Health and Institutional Services, Department of Health. She is a member of the Missouri Nurses Association, American Nurses Association, Missouri Public Health Association and the Task Force for Local Health for State Board of Health.

## **About the Staff**

**Susan L. Vaughn, Jefferson City,** is the director of the Missouri Head Injury Advisory Council. She has ten years of experience in state government and over ten years of experience in the field of developmental disabilities. She has previously been employed as a speech therapist at B. W. Sheperd State School for Severely Handicapped, which is operated by the Department of Elementary and Secondary Education, and employed by the Department of Mental Health. She represented the Department of Mental Health on the Joint Interim Committee on Head Injury. She holds a Master of Arts in Education with a specialty in Special Education.

**Lois M. Lorenz, Jefferson City,** is secretary for the head injury program. She has worked in state government for six years having worked for the Department of Mental Health both in the Division of Alcohol and Drug Abuse and for the department director's office. Prior to the department, she worked for the Office of Administration, Division of Personnel.

